Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title) Nancy Herrera Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . (213) 974-4444 nherrera@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 150 Does the agency have a ticket policy? Yes ☐ No 🕅 Event Description: Shen Yun 2017 World Tour Date(s) __04__/ 28 / Provide Title/ Explanation If no: Dorothy Chandler Pavilion Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🖾 Name of Source Was ticket distribution made at the behest Yes ☐ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes 6 **Board of Supervisors** Ticket Policy Sec 5.3(k) Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

4. Verification

| have read and understand FPPC Regulations | 18944.1 and 18942. I have verified that the | e aistribution set forth above, i | is in accordance |
|---|---|-----------------------------------|------------------|
| with the requirements. | | 8 | |

| Nancy Hener | Nancy Herrera | Ticket Administrator | 05/12/17 |
|--------------------------------------|---------------|----------------------|---|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |
| Comment: | | | 7.000 v |

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|---|-----|---|----|----|----|----|---|
| | I U | | | | | | |

| ١. | Agency Name County of Los Angeles | | | | Date Stamp | California 802 |
|----|--|---|-----------------------------------|---|--|------------------------------|
| | | | | | | Form OUZ |
| | Division, Department, or Reg | ion (if applicable) | | | | For Official Use Only |
| | Board of Supervisors | | | | | |
| | Designated Agency Contact | (Name, Title) | | 1 | | |
| | Nancy Herrera | | | | Amendment (Must Provide | de Explanation in Part 3) |
| | Area Code/Phone Number E-mail | | | | | do Explandadii III i die 6.7 |
| | (213) 974-4444 | nherrera@bos.laco | ounty.gov | | Date of Original Filing: | (month, day, year) |
| 2. | Function or Event Infor | mation | | | | |
| | Does the agency have a tick | ket policy? Yes | □ No⊠ F | ace Value of | Each Ticket/Pass \$ 150 | |
| | Event Description: Shen Yu | n 2017 World Tour Provide Title/ Expla | C | oate(s)04 | | |
| | Ticket(s)/Pass(es) provided | | ∏ No⊠ If | no: Dorothy | Chandler Pavilion Name of Source | |
| | Was ticket distribution made of agency official? | e at the behest Yes | □ No□ If | yes: | Official's Name (Last, First) | |
| | Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. | | | | | |
| | A. Name of Agency, Department or Unit | | Number of Ticket(s)/ Passes | Describe th | e public purpose made pursua | nt to the agency's policy |
| | Board of Supervisors | | 10 | Ticket Policy | / Sec 5.3(k) | |
| | B. Name of Indi | | Number of Ticket(s)/ Passes | | Identify one of the follo | wing: |
| | | | | | nonial Role Other Other Mining "Ceremonial Role" or "Other" describe | Income [|
| | | | | 500000000000000000000000000000000000000 | nonial Role Other Other describe | Income [|
| | C. Name of Outside O (include address and | • | Number of Ticket(s)/ Passes | Describe th | e public purpose made pursua | nt to the agency's policy |
| | | | | | | |
| | Verification | | | | | |
| | | | | | | |
| | I have read and understand FP with the requirements. | PC Regulations 18944 | .1 and 18942. I | l have verified t | that the distribution set forth | above, is in accordance |

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title) Nancy Herrera Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: _ (213) 974-4444 nherrera@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 120 Does the agency have a ticket policy? Yes ☐ No 🖾 Event Description: Shen Yun 2017 World Tour Date(s) __04 Provide Title/ Explanation If no: Dorothy Chandler Pavilion Ticket(s)/Pass(es) provided by agency? Yes □ No 🖾 Name of Source Was ticket distribution made at the behest Yes ☐ No ☐ Official's Name (Last, First) of agency official?

Recipients

4. Verification

Comment:

with the requirements.

Signature of Agency Head or Designee

| • Use Section A to identify the agency's department | or unit. • Use Section B to | identify an individual. • Use Section C to identify an outside organization. |
|---|-----------------------------------|---|
| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Board of Supervisors | 2 | Ticket Policy Sec 5.3(k) |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| | | Ceremonial Role Other Income |
| | | Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | | |

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Nancy Herrera

Print Name

FPPC Form 802 (2/2016)

05/12/17

(month, day, year)

Ticket Administrator

| 4000 | gency Report of: eremonial Role Even | ts and Ticket/P | ass Distr | ibutions | Α | Public Document | |
|------|--|--|-----------------------------------|--------------------------|---|--------------------------------|--|
| 1. | Agency Name County of Los Angeles Division, Department, or Reg Board of Supervisors | | | Date Stamp | California 802 Form 809 | | |
| | Designated Agency Contact | (Name, Title) | | | | | |
| | Nancy Herrera | | | | Amendment (Must Pr | rovide Explanation in Part 3.) | |
| | Area Code/Phone Number | E-mail | | | | | |
| | (213) 974-4444 | nherrera@bos.laco | unty.gov | | Date of Original Filing: _ | (month, day, year) | |
| 2. | Function or Event Infor | mation | | | | | |
| | Does the agency have a tick | Does the agency have a ticket policy? Yes ☐ No ☒ Face Value of Each Ticket/Pass \$ 120 | | | | | |
| | Event Description: Shen Yu | n 2017 World Tour Provide Title/ Explai | nation | 380 82 | <u>, 29 , 17 </u> | | |
| | Ticket(s)/Pass(es) provided | by agency? Yes [| □ No 🗵 I | f no: Walt Dis | ney Concert Hall Name of Source | | |
| | Was ticket distribution made | at the hehest Vac | | f yes: | | | |
| | of agency official? | at the beliest Yes [| _ NO□ | . , 00 | Official's Name (Last, First) | | |
| 3. | Recipients • Use Section A to identify the agen | cy's department or unit. | Use Section B to | identify an individ | lual. • Use Section C to identi | ify an outside organization. | |
| | A. Name of Agency, Department or Unit Board of Supervisors B. Name of Individual (Last, First) | | Number of Ticket(s)/ Passes | Describe th | escribe the public purpose made pursuant to the agency's policy | | |
| | | | 2 | Ticket Policy Sec 5.3(k) | | | |
| | | | Number of Ticket(s)/ Passes | | Identify one of the fo | ollowing: | |
| | | | | | nonial Role Other Ching "Ceremonial Role" or "Other" des | | |
| | · | | | | nonial Role Other or "Other" des | | |
| | C. Name of Outside O (include address and | | Number of Ticket(s)/ Passes | Describe th | e public purpose made purs | suant to the agency's policy | |
| | | | | | | | |
| 4. | Verification | | | ** | | | |
| 2 | I have read and understand FP with the requirements. | PC Regulations 18944 | .1 and 18942. | I have verified t | that the distribution set fo | rth above, is in accordance | |
| | Junes Hen | | y Herrera | | Ticket Administrator | 05/12/17 | |
| | Signature of Agency Head or Design | ee Pr | int Name | | Title | (month, day, year) | |
| | Comment: | | | | | | |